



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

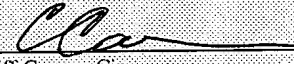
In re Application of: Kenneth W. Wood *et al.*
Serial No.: 09/724,584 Group No.: 1642
Filed: 11/28/00 Examiner: Holleran, A.
Entitled: **PLUS END-DIRECTED MICROTUBULE MOTOR REQUIRED
FOR CHROMOSOME CONGRESSION**

**RESPONSE TO JULY 1, 2003
FINAL OFFICE ACTION**

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)(1)(i)(A)	
I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: <u>August 28, 2003</u>	By: <u></u> Cliff Cannon-Cin

H
156ms
KS
9/4/03

Madam:

In response to the Final Office Action mailed July 1, 2003, Applicants respectfully request reconsideration of the application in view of the following amendments and remarks. To expedite prosecution, Applicants respectfully request the Examiner to **call the undersigned before drafting another written communication**, if any.

Since this response is submitted within two months of the mailing date of a final Office Action, it is timely to provoke an Advisory action (Since September 1, 2003 falls on President's Day, the documents are timely filed by September 2, 2003).

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this communication.

Remarks begin on page 5 of this communication.

Please amend the application as follows.

C



1642

PATENT

Attorney Docket No. UCSD-04870

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Serial No.: 09/724,584
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TRANSMITTAL LETTER

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Dated: August 28, 2003

By:

Cliff Cannon-Cin

Sir or Madam:

Transmitted herewith is a **Response to July 1, 2003 Final Office Action** for this application. The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total Claims	15	—	42	0	×	18.00	\$0.00
Independent Claims	2	—	7	0	×	84.00	\$0.00

TOTAL DUE 0.00

1. No additional fee is required.
2. Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

Signed on behalf of:

Dated: August 28, 2003

By:

Maha A. Hamdan
Registration No. 43,655

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